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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8(a)**

I hereby certify that the following correspondence is being faxed to the attention of, Commissioner for Patents by the person and on the date indicated below.

Date

Dang M. vo

Re: Patent Application for:  
"System and Method for Packet Data Servicing Node (PDSN) Initial Assignment and Reselection"  
Serial No. 09/546,823  
Attorney Docket No. P11880-US1

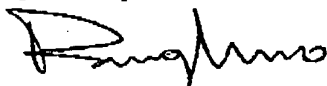
Dear Sir:

Enclosed for filing please find the following items relating to the above-identified application:

- (1) Amendment Transmittal Letter (1 page); and
- (2) Amendment (10 pages).

Should you have any questions or comments concerning this matter, please feel free to contact the undersigned at 858/332-6325.

Sincerely,


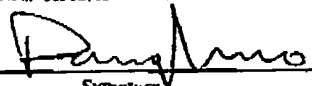


Dang M. Vo  
Reg. No. 45,183

DMV/pke

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EUS/J/P/04-5416

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>P11880-US1</b>		
Applicant(s): <b>Ning Nicholas Chen et al.</b>					
Serial No. <b>09/546,823</b>	Filing Date <b>04/11/2000</b>	Examiner <b>Lee, Chi Ho A</b>	Group Art Unit <b>2663</b>		
Invention: <b>System and Method for Packet Data Servicing Node (PDSN) Initial Assignment and Reselection</b>					
<b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	27		x \$18.00	\$0.00
INDEP CLAIMS	3	3		x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. <b>50-1379</b> in the amount of <b>\$0.00</b> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1379</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>January 29, 2004</b>		
<b>Dang M. Vo</b> <b>Reg No. 45,183</b>  <b>Ericsson Wireless Communications</b> <b>5012 Wateridge Vista Drive</b> <b>San Diego, CA 92121-2779</b>			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-size: small;">Certificate of Mailing or Transmittal</p> <p style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1050, or being transmitted to the USPTO, on the date indicated below.</p> <div style="text-align: center;">             Signature         </div> <div style="text-align: center;"> <b>DANG M. VO</b>    <b>1/29/04</b>  <small>Depositor's Name and Date</small> </div> </div>		
cc:					

P11ARCE/REV06